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<b>S.C., Appellant</b>	)	
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<b>and</b>	)	<b>Docket No. 21-1416</b>
	)	<b>Issued: March 1, 2022</b>
<b>U.S. POSTAL SERVICE, MOUNT</b>	)	
<b>WASHINGTON POST OFFICE,</b>	)	
<b>Baltimore, MD, Employer</b>	)	
	)	

*Case Submitted on the Record*

Before:  
 JANICE B. ASKIN, Judge  
 PATRICIA H. FITZGERALD, Alternate Judge  
 VALERIE D. EVANS-HARRELL, Alternate Judge

On September 26, 2021 appellant filed a timely appeal from an August 18, 2021 merit decision of the Office of Workers' Compensation Programs (OWCP). Pursuant to the Federal Employees' Compensation Act<sup>1</sup> (FECA) and 20 C.F.R. §§ 501.2(c) and 501.3, the Board has jurisdiction over the merits of this case.

The issue is whether appellant has met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

On May 17, 2021 appellant, then a 47-year-old city carrier, filed an occupational disease claim (Form CA-2) alleging that she developed tarsal tunnel syndrome due to factors of her federal employment. She indicated that her ankle would hurt while she worked, but did not hurt if she

<sup>1</sup> 5 U.S.C. § 8101 *et seq.*

avoided walking, standing, or ascending and descending stairs. Appellant noted that she first became aware of her condition on February 1, 2021 and realized its relationship to her federal employment on March 16, 2021. She stopped work on March 12, 2021.

In a progress note dated March 18, 2021, Dr. Pardeep Paul Singh Dhanoa, a Board-certified family medicine specialist, noted that appellant complained of right plantar foot pain for the past three months, followed by left foot pain which she attributed to overcompensation. He noted that she asserted that the pain was the worst at the end of the day and for the past few weeks it had spread to her heels. Dr. Dhanoa diagnosed bilateral foot pain and bilateral bunion and recommended rest, ice, stretching, a referral to podiatry, and that appellant remain off work until March 20, 2021.

In a medical note dated April 16, 2021, Dr. David A. Wood, a podiatrist, recounted appellant's complaints of chronic foot pain, right worse than left, which was constant and worsened with weight bearing. He noted that his physical examination was remarkable for a positive Tinel's sign with tibial nerve percussion, and that her x-rays revealed inferior heel spur, bunion deformity, and hammertoes. Dr. Wood suspected tarsal tunnel syndrome and recommended that appellant undergo a magnetic resonance imaging (MRI) scan and a nerve conduction velocity (NCV) study.

In an after visit summary dated May 6, 2021, Dr. Syed A. Salahuddin, a Board-certified neurologist, examined appellant and diagnosed tarsal tunnel syndrome.

In a note of even date, Dr. Wood advised appellant that the NCV study had confirmed tarsal tunnel syndrome. He again recommended an MRI scan to determine the specific cause of the condition.

In a May 14, 2021 note, Dr. Wood noted that he had reviewed an MRI scan and observed varicosities distal to the port pedis, which he opined that were likely contributing to tarsal tunnel syndrome. He recommended surgical release of the tarsal tunnel and porta pedis and ligation of varicose veins. Dr. Wood explained that tarsal tunnel syndrome was a loose diagnosis without a definitive mass and that chronic swelling was a potential complication. In a separate note of even date, he indicated that appellant was unable to work, and that she would be undergoing surgery for her diagnosed conditions.

In an attending physician's report (Form CA-20) dated May 25, 2021, Dr. Wood diagnosed right tarsal tunnel syndrome and varicose veins. He checked a box marked "Yes" indicating that the conditions were caused or aggravated by an employment activity, which he described as "overuse of extremities." Dr. Wood noted that appellant continued to be disabled from working.

In a June 28, 2021 development letter, OWCP informed appellant of the deficiencies of her claim. It advised her of the type of factual and medical evidence needed to establish her claim and provided a questionnaire for her completion. By separate development letter of even date, OWCP requested additional information from the employing establishment, including comments from a knowledgeable supervisor on the accuracy of appellant's statements. It afforded both parties 30 days to submit the necessary evidence.

OWCP thereafter received a form report by Dr. Wood dated April 12, 2021, which noted chronic foot pain with an onset of March 18, 2021.

Appellant submitted a completed response to OWCP's development questionnaire dated July 2, 2021. She attributed her claimed conditions to repetitive walking, bending, stooping, lifting, and climbing stairs while carrying mail between 8 to 12 hours per day for the past 18 years.

In a letter dated July 21, 2021, Dr. Wood noted that appellant was unable to work due to her inability to stand or walk for any length of time secondary to tarsal tunnel syndrome.

In a narrative report dated July 27, 2021, Dr. Wood outlined his visits with appellant and the results of the NCV study and MRI scan. He diagnosed right tarsal tunnel syndrome and varicosities and indicated that conservative treatments and time off from work had failed to resolve her conditions. Dr. Wood noted that appellant would be undergoing surgery to include release of the tarsal tunnel and ligation of varicosities. When asked to describe her specific employment duties/activities, he indicated that she was unable to stand or walk for any substantial time. When asked to provide a medical explanation for how appellant's federal employment duties caused, contributed to or aggravated her medical condition, Dr. Wood responded that she was unable to work at that time.

By decision dated August 18, 2021, OWCP denied appellant's occupational disease claim, finding that the evidence of record was insufficient to establish causal relationship between her diagnosed medical conditions and the accepted employment factors. Consequently, it found that she had not met the requirements to establish an injury or medical condition causally related to the accepted employment factors.

### **LEGAL PRECEDENT**

An employee seeking benefits under FECA<sup>2</sup> has the burden of proof to establish the essential elements of his or her claim, including that the individual is an employee of the United States within the meaning of FECA, that the claim was timely filed within the applicable time limitation of FECA,<sup>3</sup> that an injury was sustained in the performance of duty as alleged, and that any disability or medical condition for which compensation is claimed is causally related to the employment injury.<sup>4</sup> These are the essential elements of each and every compensation claim, regardless of whether the claim is predicated upon a traumatic injury or an occupational disease.<sup>5</sup>

To establish that an injury was sustained in the performance of duty in an occupational disease claim, a claimant must submit: (1) a factual statement identifying employment factors

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<sup>2</sup> *Id.*

<sup>3</sup> *F.H.*, Docket No. 18-0869 (issued January 29, 2020); *J.P.*, Docket No. 19-0129 (issued April 26, 2019); *Joe D. Cameron*, 41 ECAB 153 (1989).

<sup>4</sup> *L.C.*, Docket No. 19-1301 (issued January 29, 2020); *J.H.*, Docket No. 18-1637 (issued January 29, 2020); *James E. Chadden, Sr.*, 40 ECAB 312 (1988).

<sup>5</sup> *P.A.*, Docket No. 18-0559 (issued January 29, 2020); *K.M.*, Docket No. 15-1660 (issued September 16, 2016); *Delores C. Ellyett*, 41 ECAB 992 (1990).

alleged to have caused or contributed to the presence or occurrence of the disease or condition; (2) medical evidence establishing the presence or existence of the disease or condition for which compensation is claimed; and (3) medical evidence establishing that the diagnosed condition is causally related to the employment factors identified by the employee.<sup>6</sup>

Causal relationship is a medical question that requires rationalized medical opinion evidence to resolve the issue.<sup>7</sup> The opinion of the physician must be based upon a complete factual and medical background, must be one of reasonable medical certainty, and must be supported by medical rationale explaining the nature of the relationship between the diagnosed condition and the specific employment factors.<sup>8</sup>

### ANALYSIS

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

In his July 27, 2021 narrative report, Dr. Wood diagnosed right tarsal tunnel syndrome and varicosities and discussed appellant's upcoming surgery. He did not, however, provide an opinion on causal relationship between her diagnosed conditions and the accepted factors of federal employment. The Board has held that a medical report lacking an opinion on causal relationship is of no probative value.<sup>9</sup> Therefore, the Board finds that Dr. Wood's January 27, 2021 report is insufficient to establish appellant's burden of proof.

In his additional reports and notes dated April, May, and July 2021, Dr. Wood diagnosed right tarsal tunnel syndrome and varicosities, but did not provide an opinion on causal relationship. Similarly, in his March 18, 2021 note, Dr. Dhanoa diagnosed bilateral foot pain and bunions, but did not provide an opinion on causal relationship. As noted, the Board has held that a medical report lacking an opinion on causal relationship is of no probative value.<sup>10</sup> Therefore, these reports are also insufficient to establish appellant's burden of proof.

As appellant has not submitted rationalized medical evidence sufficient to establish a medical condition causally related to the accepted employment factors, the Board finds that she has not met her burden of proof.

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<sup>6</sup> *P.L.*, Docket No. 19-1750 (issued March 26, 2020); *R.G.*, Docket No. 19-0233 (issued July 16, 2019); *L.M.*, Docket No. 13-1402 (issued February 7, 2014); *Dolores C. Ellyett, id.*

<sup>7</sup> *I.J.*, Docket No. 19-1343 (issued February 26, 2020); *T.H.*, 59 ECAB 388 (2008); *Robert G. Morris*, 48 ECAB 238 (1996).

<sup>8</sup> *D.C.*, Docket No. 19-1093 (issued June 25, 2020); *see L.B.*, Docket No. 18-0533 (issued August 27, 2018).

<sup>9</sup> *L.B.*, Docket No. 18-0533 (issued August 27, 2018); *D.K.*, Docket No. 17-1549 (issued July 6, 2018).

<sup>10</sup> *Id.*

Appellant may submit new evidence or argument with a written request for reconsideration to OWCP within one year of this merit decision, pursuant to 5 U.S.C. § 8128(a) and 20 C.F.R. §§ 10.605 through 10.607.

**CONCLUSION**

The Board finds that appellant has not met her burden of proof to establish a medical condition causally related to the accepted factors of her federal employment.

**ORDER**

**IT IS HEREBY ORDERED THAT** the August 18, 2021 decision of the Office of Workers' Compensation Programs is affirmed.

Issued: March 1, 2022  
Washington, DC

Janice B. Askin, Judge  
Employees' Compensation Appeals Board

Patricia H. Fitzgerald, Alternate Judge  
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge  
Employees' Compensation Appeals Board